

*Brokers*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

16/019028

## CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1	/			
2	/			
3	/			
4	/			
5	/			
6	/			
7	/			
8	/			
9	/			
10	/			
11	/			
12	/			
13	/			
14	/			
15	/			
16	/			
17	/			
18	/			
19	/			
20	/			
21	/			
22	/			
23	/			
24	/			
25	/			
26	/			
27	/			
28	/			
29	/			
30	/			
31	/			
32	/			
33	/			
34	/			
35	/			
36	/			
37	/			
38	/			
39	/			
40	/			
41	/			
42	/			
43	/			
44	/			
45	/			
46	/			
47	/			
48	/			
49	/			
50	/			
TOTAL IND.	4			
TOTAL DER.	26	4	4	4
TOTAL CLAIMS	32	32	32	32

*	*	*	*
IND.	DER.	IND.	DER.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DER.			
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS